

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2016
NAME OF PROVIDER OR SUPPLIER CONCORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2339 ODELL SCHOOL ROAD CONCORD, NC 28027		
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C 000	<p>Initial Comments</p> <p>Report of a Biennial Construction Survey by Ed Miller on July 20, 2016.</p> <p>Records indicate this facility was first licensed on March 14, 1995 as a Home for the Aged. The facility is currently licensed for 48 Beds. The facility consists of an original building circa 1965 and an addition circa 1987. The circa 1967 portion of the building was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1967 North Carolina Building Code and the 1971 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at time of initial licensure.</p> <p>The circa 1987 addition was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1978 (revision 10) Edition of the North Carolina Building Code(s), Institutional Occupancy, and the 1994 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.</p> <p>Deficiencies were noted which require a Plan of Correction.</p>	C 000		
C 111	<p>Must Have Current San. & Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by:</p>	C 111		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

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C 111	Continued From page 1 1. Based on record review, and interview with Managers the facility failed to maintain in the facility, current (completed within the last twelve months) annual inspection report(s) required. This deficiency affects residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on July 20, 2016: a. Facility Managers indicated that the Annual Fire Alarm System Inspection and Testing Report in accordance with NFPA 72, was not available for review.	C 111		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on July 20, 2016: a. Shower Room across for Nurse Station - the tub had a loose hand grips (grab bar). b. Back Wing Left Group Bathroom - there were no hand grips (grab bar) for the tub. c. Back Wing Left Group Bathroom- - the commode had a loose hand grips (grab bar).	C 133		

Division of Health Service Regulation

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C 150	<p>Corridors-Free of equipment and Obstructions</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, corridors were not free of all equipment and other obstructions. This would affect all residents, staff and visitors by slowing or obstructing egress during an emergency. Findings on July 20, 2016: a. Back Wing Right Side Exit - there was a chair on the porch behind the exit door. b. Front Left Wing - in the Corridor there were several unattended walkers and a medication cart, with one walker stationed within the door swing of the cross-corridor fire doors.</p>	C 150		
C 152	<p>Entrances-Steps, Porches with Handrails</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (2) All steps, porches, stoops and ramps shall be provided with handrails and guardrails;</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the building was not equipped with stable handrails and guardrails at steps, porches, stoops and ramps. This would affect all residents, staff and visitors who use these unstable handrail/guardrails by not providing increasing safety, stability/balance, and</p>	C 152		

Division of Health Service Regulation

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C 152	Continued From page 3 maneuverability required of these devices. Findings on July 20, 2016: a. Front Wing Left Side Entrance - the ramp only had a handrail on one side.	C 152		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the outside grounds were not maintained in a clean and safe condition. Findings on July 20, 2016: a. Behind the Front Wing Right - there was a broken bench unsafe to sit on. b. Back Wing Right Side- there were two broken tables. c. Back Wing Right Side -the soffit and rake were open/missing allowing pests and the weather an entrance into the area protected by the roof. d. Back Wing Right Side - the metal post supporting the porch had peeling paint and rust had developed. e. Back Wing Left Side - the metal post supporting the porch had peeling paint and rust had developed. f. Back Picnic Area -in this area there was an old brush pile, limbs, trash pile, broken chair and a pallet laying on the picnic table. g. Back Wing Left - there was a hole in the soffit	C 160		

Division of Health Service Regulation

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C 160	Continued From page 4 where a condensation line appears to have be removed allowing pest access to the attic. h. Exterior Space Between Wings Left Side - there are 4-inch corrugated pipes winding through the space. These winding pipes create tripping hazards. Exterior Space Between Wings Right Side - there is a picnic table with one of the double boards you seat on broken. i. Exterior Space Between Wings Right Side - there are three chairs with very torn seat cushions. j. Exterior Space Between Wings Left Side - there were many tall weeds and grass clumps appearing between the cracks in the in the concrete patio. This random vegetation creates tripping hazards. k. Front Wing Right - the gutter had small trees growing in it and the roof had several limbs laying on it. l. Back Wing Left Side -there was a cracked top windowpane in the back bedroom.	C 160		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and	C 164		

Division of Health Service Regulation

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C 164	<p>Continued From page 5</p> <p>furniture clean and in good repair. Findings on July 20, 2016:</p> <ul style="list-style-type: none"> a. Public Restroom near Conference Room - the walls around the sink and commode had peeling paint that needed refinishing. b. Public Restroom near Conference Room - the floor around the commode was chipped and dirty. c. Employee Restroom - the tile floor around the commode was dirty. d. Shower Room across Nurse Station - the tile floor around the commode and to the floor drain were stain and dirty. e. Public Restroom near Conference Room - the light switch and adjacent wall was very dirty. f. Public Restroom near Conference Room - the walls door and frame need to be refinished. g. Bedroom 102 - the door was marred up. h. Bedroom 101 Bathroom - the tile floor was stained behind the commode, and under the sink and towel bar. i. Shower Room across from the Nurse Station - walls around the tub and shower had peeling paint that needed refinishing. j. Shower Room across from the Nurse Station - near the tub and shower the vinyl base was falling off the wall. k. Shower Room across from the Nurse Station - the base of the corridor door frame had rust out. l. Dining Room - the ceiling was stained and the texture ceiling was falling down. m. Dining Room - the left wall was marred up. <p>2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on July 20, 2016:</p>	C 164		

Division of Health Service Regulation

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C 164	Continued From page 6 a. Hopper Room - the utility sink's plumbing trap was dried-up, allowing sewer gases for entering the Building and the room smells.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, record review and interview the facility failed to provide an environment free of all obstructions and hazards by allowing them to stay. Findings on July 20, 2016: a. Front Wing Left Side Porch - on the porch ceiling, there was a wasp's nest. The wasps have the potential to sting occupancies. 2. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on July 20, 2016: a. Kitchen Exterior Can Wash - both water lines were not equipped with vacuum breakers and there was a hose present. 3. Based on Observation, the Building was not maintained free of hazards, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents,	C 166		

Division of Health Service Regulation

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C 166	Continued From page 7 staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on July 20, 2016: a. Hopper Room - three portable medical oxygen cylinders were stored standing not secured to the structure.	C 166		
C 183	Fire Extinguishers SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to properly maintain the fire extinguishers and associated equipment. This could hamper staffs ability to extinguish a small fire and permit it to grow larger. Findings on July 20, 2016: a. Entire Building - since the annual maintenance, performed in August 2015, there has been no documentation of the portable fire extinguisher's monthly inspections.	C 183		
C 184	Fire Safety-Evacuation plan SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (a) A written fire evacuation plan (including a diagrammed drawing) which has the written approval of the local Code Enforcement Official	C 184		

Division of Health Service Regulation

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C 184	Continued From page 8 shall be prepared in large print and posted in a central location on each floor of an adult care home. The plan shall be reviewed with each resident on admission and shall be a part of the orientation for all new staff. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the building failed to properly post and maintain the evacuation maps. This would affect all residents, staff and visitors by not providing proper guidance during an emergency. Findings on July 20, 2016: a. Front Wing - many of the mounted evacuation map were not oriented to the actual floor arrangement, b. Front Wing - many of the mounted evacuation maps in the corridor had multiply the start point ("You Are Here") for that location. c. Back wing - there were no mounted evacuation maps in this corridor.	C 184		
C 188	Electrical Outlets in Wet Locations SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide electrical outlets in wet locations at sinks, bathrooms and outside of building with ground fault interrupters. This would affect residents, staff and visitors by not providing ground fault	C 188		

Division of Health Service Regulation

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C 188	Continued From page 9 protection to these devices. Findings on July 20, 2016: a. Conference room - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. b. Front Corridor Right Side Porch - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. c. Public Restroom near Conference Room- the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. d. Employee Restroom - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. e. Bedroom 101 - the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault. f. Shower Room across for Nurse Station- the ground-fault circuit-interrupter (GFCI) electrical power receptacle did not have electrical power and could not be tested for ground fault.	C 188		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 189		

Division of Health Service Regulation

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C 189	Continued From page 10 This Rule is not met as evidenced by: 1. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and visitors to fire/smoke if not contained in Room or compartment of origin Findings on July 20, 2016: a. Back Wing -the cross-corridor doors did not close and could not latch into the doorframe when the fire alarm system released the doors. b. Front Wing Electrical Room - there were gaps around cables, pipes and conduit not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke. c. Front Wing Electrical Room - there were holes and holes filled with unapproved foam insulation not firestop in the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke. d. Front Left Exit - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly, e. Bedroom 102- there was a gap around a cable, not firestop as it penetrate the fire-resistance-rated wall assembly, allowing the spread of fire and smoke. f. RCC Office - there were gaps around cables, not firestop as they penetrate the fire-resistance-rated wall assembly, allowing the spread of fire and smoke. g. RCC Office Bathroom - there were gaps around cables, not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke. h. Front Wing Electrical Room - there were hole and holes filled with unapproved foam insulation not firestop in the fire-resistance-rated wall	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 11</p> <p>assembly, allowing the spread of fire and smoke.</p> <p>i. TV Room - there was a gap around a cable, not firestop as they penetrate the fire-resistance-rated - the exit sign did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly,</p> <p>j. Activity - a light fixture did not completely cover the hole penetrating the fire-resistance-rated ceiling assembly</p> <p>k. Mop Sink Room - there were several opening joints between the walls and ceiling not firestop in the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.</p> <p>l. Dining Room. The right corridor door did not have any latching hardware.</p> <p>m. Bedroom 109 the door hardware was very loose and the door had no strike bolt.</p> <p>n. TV Room - the corridor door had two 1 ½ inch by ¾ inch holes through the corridor door, allowing the spread of fire and smoke.</p> <p>o. Activity - without applying extra force, the corridor door hits its frame, preventing it from closing thus latching, which allows the passage of smoke. In addition the door was very hard to open once the door is shut.</p> <p>p. Diaper Room - without applying extra force, the corridor door hits its frame, preventing it from closing thus latching, which allows the passage of smoke.</p> <p>2. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency.</p> <p>Findings on July 20, 2016:</p> <p>a. Front Smoke Barrier Wall - the exit signs on both sides did not work on normal power or have backup power test buttons, even though the right</p>	C 189		

Division of Health Service Regulation

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C 189	<p>Continued From page 12</p> <p>device was reality new.</p> <p>b. Front Wing Right Corridor - the emergency lighting system for this corridor consist of a self-contained combination exit sign/emergency light located at the right side exit door. There is another self-contained combination exit sign/emergency light located at the intersection of front to back corridor and this corridor. This unit has one headlight aimed down the left corridor to the smoke barrier and the other headlight light aimed down the front to back corridor, this setup does not provide any light to its right.</p> <p>c. Conference Room - the fire alarm system's heat detector was dangling from the ceiling by its power/operational wires.</p> <p>d. Front TV Room - the fire alarm system's heat detector was dangling from the ceiling by its power/operational wires.</p> <p>3. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documentation required to ensure a properly working system. This could affect residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed.</p> <p>Findings on July 20, 2016:</p> <p>a. Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in March 2016, there has been no record keeping of the monthly inspections.</p> <p>4. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect residents,</p>	C 189		

Division of Health Service Regulation

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C 189	Continued From page 13 staff and visitors if someone becomes trapped inside. Findings on July 20, 2016: a. Closet Entire Building - many closet doors were equipped with hasp hardware and padlock or a barrel bolt. These locking systems do not provide an override device allowing exiting from the area. Most resident closets already have keyed locking hardware. 5. Based on observation, the building was not maintained in a safe manner by failing to ensure that clothes dryer duct can exhaust to an open free area. This could affect all residents, staff and visitors by allowing lint to accumulate (fuel for a fire) Findings on July 20, 2016: a. Clothes dryer exhaust system - was missing its cap and backdraft damper to keep vermin from entering the building.	C 189			
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to	C 191			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2016
NAME OF PROVIDER OR SUPPLIER CONCORD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 2339 ODELL SCHOOL ROAD CONCORD, NC 28027		
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C 191	Continued From page 14 prevent the use of portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on July 20, 2016: a. Bedroom 101 - a prohibited portable space electric heater was found in this room,	C 191		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on July 20, 2016: a. Public Restroom near Conference Room - the local exhaust ventilation system did not work,	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL013038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2016
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C 199	Continued From page 15 allowing a build-up of odors. b. Conference Room Bathroom- the local exhaust ventilation system did not work, allowing a build-up of odors. c. Back Wing Left Group Bathroom - the local exhaust ventilation system did not work, allowing a build-up of odors.	C 199		